



CG-MDQ MANUFACTURER/DISTRIBUTOR QUARTERLY REPORT

State Form 51414 (R2 / 07-07)

INDIANA GAMING COMMISSION

INSTRUCTIONS: Due the 20th day of the month following the end of the quarter.

Name of Manufacturer or Distributor	Email address	Federal Identification Number (FID)	
Street Address	City	State	Zip Code

Quarterly Totals

Please indicate which quarter is being reported (*check one*): ☐ Jan.-March ☐ Apr.-June ☐ July-Sept. ☐ Oct.-Dec.

1. Total sales of pull-tabs/punchboards/tip boards 1 _____

a) Total amount of excise tax paid on line 1 (10% of line 1) 1a.

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2. Total sales of bingo paper 2 _____

3. Total sales/leases of gaming equipment/devices 3 _____

4. Total amount of gross sales this quarter: add lines 1, 2 and 3 4 _____

Manufacturer/Distributor Information

List each organization merchandise was sold to this quarter. Attach additional sheets if necessary.

Organization Name	Gaming License Number	Federal Identification Number (FID)

Mail completed return to:

Indiana Gaming Commission
Charity Gaming Division
101 W. Washington St., East Tower, Suite 1600
Indianapolis, IN 46204

Under penalties of perjury, I declare that the information I have furnished above is, to the best of my knowledge true, correct and complete.

Signature

Title

Date

Printed Name